Case 10-50226	Doc 23	Filed 06/03/10	Entered 06/03/10 15:46:24	Desc Main
		Document	Page 1 of 13	

B22C (Official Form 22C) (Chapter 13) (04/10)	According to the calculations required by this statement:
	☐ The applicable commitment period is 3 years.
In re: Dang, Wayne A. & Dang, Alana J.	▼ The applicable commitment period is 5 years.
Debtor(s)	✓ Disposable income is determined under § 1325(b)(3).
Case Number: 10-50226 (If known)	☐ Disposable income is not determined under § 1325(b)(3).
	(Check the hoves as directed in Lines 17 and 23 of this statement)

# AMENDED CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Part I. REPO	ORT OF INCOME			
	a. [	ital/filing status. Check the box that applies and c  Unmarried. Complete only Column A ("Debtor"  Married. Complete both Column A ("Debtor")	or's Income") for Lines 2-10.			
1	the s	igures must reflect average monthly income received ix calendar months prior to filing the bankruptcy can before the filing. If the amount of monthly income divide the six-month total by six, and enter the res	ase, ending on the last day of the ne varied during the six months, you		Column A Debtor's Income	Column B Spouse's Income
2	Gros	ss wages, salary, tips, bonuses, overtime, commis	ssions.	\$	3,125.00	\$ 4,599.25
3	a and one l	me from the operation of a business, profession of the enter the difference in the appropriate column(s) obusiness, profession or farm, enter aggregate numb himent. Do not enter a number less than zero. Do not not enter a deduction in Part IV	of Line 3. If you operate more than ers and provide details on an ot include any part of the business			
	a.	Gross receipts	ļ			
	b.	Ordinary and necessary operating expenses	\$			
	c.	Business income	Subtract Line b from Line a	\$		\$
4	diffe	t and other real property income. Subtract Line be rence in the appropriate column(s) of Line 4. Do no nclude any part of the operating expenses enter IV.	ot enter a number less than zero. <b>Do</b>			
·	a.	Gross receipts	\$			
	b.	Ordinary and necessary operating expenses	\$			
	c.	Rent and other real property income	Subtract Line b from Line a	\$		\$
5	Inte	rest, dividends, and royalties.		\$		\$
6	Pens	ion and retirement income.		\$		\$
7	expe that	amounts paid by another person or entity, on a nses of the debtor or the debtor's dependents, in purpose. Do not include alimony or separate main the debtor's spouse.	ncluding child support paid for	\$		\$

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Case 10-50226 Doc 23 Filed 06/03/10 Entered 06/03/10 15:46:24 Desc Main Document Page 2 of 13

# **B22C** (Official Form 22C) (Chapter 13) (04/10)

8	Unemployment compensation. Enter However, if you contend that unemploy was a benefit under the Social Security Column A or B, but instead state the ar	ment compensation receive Act, do not list the amount	ed by you	or your spou	ise			
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$	Spouse S	5		\$	\$	
9	Income from all other sources. Specific sources on a separate page. Total and emaintenance payments paid by your or separate maintenance. Do not included a victim of international or domestic terrorism.  a.  b.	nter on Line 9. <b>Do not inc</b> <b>spouse, but include all ot</b> ude any benefits received u	lude alime her paym ander the S	ony or separ ents of alime Social Securit	o <b>ny</b> Sy	\$	\$	
10	<b>Subtotal.</b> Add Lines 2 thru 9 in Colum through 9 in Column B. Enter the total		ompleted,	add Lines 2		\$ 3,125.00	\$	4,599.25
11	<b>Total.</b> If Column B has been completed and enter the total. If Column B has no Column A.					\$		7,724.25
	Part II. CALCUL	ATION OF § 1325(b)(4	) COMN	MITMENT	PER	LIOD		
12	Enter the amount from Line 11.						\$	7,724.25
13	Marital Adjustment. If you are marrie that calculation of the commitment peri your spouse, enter the amount of the in basis for the household expenses of you a.  b. c.	od under § 1325(b)(4) doe come listed in Line 10, Col	s not requ	ire inclusion at was NOT p	of the	e income of		
	Total and enter on Line 13.						\$	0.00
14	Subtract Line 13 from Line 12 and e	nter the result.					\$	7,724.25
15	Annualized current monthly income 12 and enter the result.	for § 1325(b)(4). Multiply	the amou	ant from Line	14 by	y the number	\$	92,691.00
16	Applicable median family income. En household size. (This information is average the bankruptcy court.)	ailable by family size at wy	ww.usdoj.	gov/ust/ or fro	om th	e clerk of	¢	95 020 00
	a. Enter debtor's state of residence: <u>Vir</u>			er debtor's ho	usenc	old size: <b>4</b>	\$	85,939.00
17	Application of § 1325(b)(4). Check th  ☐ The amount on Line 15 is less that 3 years" at the top of page 1 of this.  ☐ The amount on Line 15 is not less period is 5 years" at the top of page.	an the amount on Line 16 s statement and continue w s than the amount on Lin	. Check the ith this state 16. Check	ne box for "The stement.  Ck the box for	r "The	•		
	Part III. APPLICATION OF	T § 1325(b)(3) FOR DE	ΓERMIN	NING DISP	OSA	BLE INCO	ME	
18	Enter the amount from Line 11.						\$	7.724.25

Case 10-50226 Doc 23 Filed 06/03/10 Entered 06/03/10 15:46:24 Desc Main Document Page 3 of 13

# **B22C** (Official Form 22C) (Chapter 13) (04/10)

		<u> </u>									
19	Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.    S										
	C. S S S S S S S S S S S S S S S S S S S										
20	Current monthly income for § 13	25(b)(3). Subtract	Line 1	9 from Line 18 and enter the	result.	\$	7,724.25				
21	Annualized current monthly inco 12 and enter the result.	me for § 1325(b)(	( <b>3).</b> Mu	ltiply the amount from Line	20 by the number	\$	92,691.00				
22	Applicable median family income	. Enter the amount	from I	Line 16.		\$	85,939.00				
23	Application of § 1325(b)(3). Check   ✓ The amount on Line 21 is more under § 1325(b)(3)" at the top of the amount on Line 21 is not determined under § 1325(b)(3)" complete Parts IV, V, or VI.	re than the amount of page 1 of this start more than the ar	nt on L atemen nount	ine 22. Check the box for "It and complete the remaining on Line 22. Check the box for	parts of this staten or "Disposable inco	nent. me is	s not				
		TION OF DED	UCTI	ONS ALLOWED UNDE	CR § 707(b)(2)						
	Subpart A: Deduc	ctions under Stan	dards	of the Internal Revenue Se	rvice (IRS)						
24A	National Standards: food, appare miscellaneous. Enter in Line 24A to Expenses for the applicable househouse the clerk of the bankruptcy court.)	he "Total" amount	from I	RS National Standards for A	llowable Living	\$	1,370.00				
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members of 5, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.										
	Household members under 65 ye	ears of age	Hou	sehold members 65 years o	f age or older						
	a1. Allowance per member	60.00	a2.	Allowance per member	144.00						
	b1. Number of members	4	b2.	Number of members	0						
	c1. Subtotal	240.00	c2.	Subtotal	0.00	\$	240.00				
25A	Local Standards: housing and uti and Utilities Standards; non-mortga information is available at www.usc	ge expenses for th	e appli	cable county and household	size. (This	\$	539.00				

Case 10-50226 Doc 23 Filed 06/03/10 Entered 06/03/10 15:46:24 Desc Main Document Page 4 of 13

# **B22C** (Official Form 22C) (Chapter 13) (04/10)

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(	Official Form 22C) (Chapter 13) (04/10)									
250	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.									
25B	a. IRS Housing and Utilities Standards; mortgage/rental expense \$ 1,212.00									
	b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 \$ 3,108.98									
	c. Net mortgage/rental expense Subtract Line b from Line a									
26	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:									
27A	Local Standards: transportation; vehicle operation/public transportation expense an expense allowance in this category regardless of whether you pay the expenses of and regardless of whether you use public transportation.  Check the number of vehicles for which you pay the operating expenses or for which expenses are included as a contribution to your household expenses in Line 7.  10 1 2 or more.  If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS L Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Cost Local Standards: Transportation for the applicable number of vehicles in the applical Statistical Area or Census Region. (These amounts are available at <a href="www.usdoj.gov/u">www.usdoj.gov/u</a> of the bankruptcy court.)	the operating  ocal Standards: sts" amount from IRS ole Metropolitan	\$ 460.00							
27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at									
28	Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)  Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  ☐ 1									
	C. The ownership/lease expense for vehicle 1									

Case 10-50226 Doc 23 Filed 06/03/10 Document Entered 06/03/10 15:46:24 Page 5 of 13 Desc Main

B22C (	Official Form 22C) (Chapter 13) (04/10)	-					
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.						
	a. IRS Transportation Standards, Ownership Costs \$ 489.00						
	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 \$						
	c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a	\$	489.00				
30	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes.	\$	941.27				
31	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly						
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.						
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49.	\$					
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged						
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$					
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and walfare of yourself or your dependents, that is not						
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$					
38	<b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 24 through 37.	\$	4,443.51				

46

		Subpart B: Additional Note: Do not include any ex				
	expe	Ith Insurance, Disability Insurance, and Heal cases in the categories set out in lines a-c below use, or your dependents.				
	a.	Health Insurance	\$	385.99		
	b.	Disability Insurance	\$			
39	c.	Health Savings Account	\$			
	Tota	l and enter on Line 39			\$	385.99
		ou do not actually expend this total amount, s pace below:	tate your actual total ave	rage monthly expenditures in	1	
40	Con mon elder	tinued contributions to the care of household thly expenses that you will continue to pay for the chronically ill, or disabled member of your hole to pay for such expenses. Do not include pay	ne reasonable and necess nousehold or member of	ary care and support of an your immediate family who	is \$	
41	you a	rection against family violence. Enter the total actually incur to maintain the safety of your famices Act or other applicable federal law. The natidential by the court.	ily under the Family Vio	lence Prevention and	\$	
42	Loca prov	ne energy costs. Enter the total average monthly all Standards for Housing and Utilities, that you a vide your case trustee with documentation of the additional amount claimed is reasonable	actually expend for home your actual expenses, a	energy costs. You must	\$	
43	actua seco: trust	cation expenses for dependent children under ally incur, not to exceed \$147.92* per child, for ndary school by your dependent children less th tee with documentation of your actual expens asonable and necessary and not already acco	attendance at a private of an 18 years of age. <b>You</b> ses, and you must expla	r public elementary or must provide your case in why the amount claimed		
44	cloth Nation	itional food and clothing expense. Enter the to ning expenses exceed the combined allowances to onal Standards, not to exceed 5% of those comb v.usdoj.gov/ust/ or from the clerk of the bankrup itional amount claimed is reasonable and necessity.	for food and clothing (apined allowances. (This integrates out.) You must de	parel and services) in the IR nformation is available at		
45	chari	ritable contributions. Enter the amount reasonaitable contributions in the form of cash or finance of U.S.C. § 170(c)(1)-(2). Do not include any arme.	cial instruments to a char	itable organization as define	d \$	40.0
						_

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

\$

425.99

Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.

Case 10-50226 Doc 23 Filed 06/03/10 Entered 06/03/10 15:46:24 Desc Main Document Page 7 of 13

# **B22C** (Official Form 22C) (Chapter 13) (04/10)

		S	Subpart C: Dec	ductions for Deb	bt Pay	ment				
	you of Paymenthe to follow	re payments on secured claims own, list the name of the creditor nent, and check whether the paymental of all amounts scheduled as a wing the filing of the bankruptcy. Enter the total of the Average N	, identify the present includes to contractually during case, divided by	operty securing to exes or insurance, the to each Secure by 60. If necessar	the del . The a ed Cree	bt, state the A Average Mon ditor in the 60	verage Intervention that the vertical version of the vertical version of the vertical version of the version of	Monthly ment is		
47		Name of Creditor	Property Secu	uring the Debt		Average Monthly Payment	include	payment e taxes or asurance?		
	a.	Bank Of America	Automobile (	(1)	\$	84.76	☐ yes	no no		
	b.	BAC Home Loans Servicing	Residence		\$	3,108.98	<b>▼</b> yes	no		
	c.				\$		☐ yes	no		
				Total: Add	d lines	a, b and c.			\$	3,193.74
	reside you r credi cure forec	er payments on secured claims. ence, a motor vehicle, or other properties in a may include in your deduction 1/t tor in addition to the payments liamount would include any sums closure. List and total any such a reate page.	roperty necessa 60th of any amount sted in Line 47 in default that n	ry for your suppo ount (the "cure and in order to main must be paid in o	ort or mount ntain p order to	the support of ") that you mossession of to avoid repose	f your de ust pay t the prope session o	ependents, the erty. The		
48		Name of Creditor	Pro	perty Securing th	ne Deb	ot		Oth of the Amount		
	a.	BAC Home Loans Servicing,	LP Res	sidence			\$	220.17		
	b.						\$			
	c.						\$			
						Total: Add	d lines a	, b and c.	\$	220.17
49	such	nents on prepetition priority cl as priority tax, child support and ruptcy filing. Do not include cu	l alimony claim	s, for which you	were l	liable at the ti	me of yo		\$	
		pter 13 administrative expenses esulting administrative expense.	s. Multiply the	amount in Line a	by the	e amount in L	ine b, ar	nd enter		
	a.	Projected average monthly Cha	apter 13 plan pa	yment.	\$					
50	b.	Current multiplier for your dist schedules issued by the Execut Trustees. (This information is a <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the court.)	ive Office for U available at	Inited States ankruptcy	X					
	c.	Average monthly administrativ	e expense of C	-		Multiply Lin	es a			
					and b				<b>c</b>	
		case							\$	
51		Deductions for Debt Payment. En	nter the total of	Lines 47 through	h 50.				\$	3,413.91
51		Deductions for Debt Payment. En		Lines 47 through		ncome				3,413.91

	D4 M DETERMINIATION OF DISPOSA DI E INCOME UNI	DED 6	1225(1-)(2)			
53	Part V. DETERMINATION OF DISPOSABLE INCOME UNIT Total current monthly income. Enter the amount from Line 20.	JEK 8	1325(D)(2)	\$	7,724.2	
54	Support income. Enter the monthly average of any child support payments, foster ca disability payments for a dependent child, reported in Part I, that you received in accomplicable nonbankruptcy law, to the extent reasonably necessary to be expended for	rdance	with	\$	1,124.23	
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) repayments of loans from retirement plans, as specified in § 362(b)(19).			\$	382.5	
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.			\$	8,283.4°	
	<b>Deduction for special circumstances.</b> If there are special circumstances that justify a for which there is no reasonable alternative, describe the special circumstances and the in lines a-c below. If necessary, list additional entries on a separate page. Total the extotal in Line 57. You must provide your case trustee with documentation of these exp provide a detailed explanation of the special circumstances that make such expenses reasonable.	e result penses a enses ar	ing expenses and enter the ad you must			
57	Nature of special circumstances  Amount of expense					
	a.	\$				
	b.	\$				
	c.	\$				
	Total: A	Add Lin	es a, b, and c	\$		
58	<b>Total adjustments to determine disposable income.</b> Add the amounts on Lines 54, enter the result.	55, 56,	and 57 and	\$	8,665.9	
				Ψ	0,000.90	
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 ar	d enter	the result.	\$	•	
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 are  Part VI. ADDITIONAL EXPENSE CLAIMS	d enter	the result.	_	•	
59		form, tl	nat are required	\$ d for that mont	-941.7	
	Part VI. ADDITIONAL EXPENSE CLAIMS  Other Expenses. List and describe any monthly expenses, not otherwise stated in this and welfare of you and your family and that you contend should be an additional dedu income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate part of the content of the	form, tl	nat are required	\$ If for the	-941.7	
59	Part VI. ADDITIONAL EXPENSE CLAIMS  Other Expenses. List and describe any monthly expenses, not otherwise stated in this and welfare of you and your family and that you contend should be an additional dedu income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate paverage monthly expense for each item. Total the expenses.	form, tl	nat are required om your curren I figures should	\$ If for the	-941.7	
	Part VI. ADDITIONAL EXPENSE CLAIMS  Other Expenses. List and describe any monthly expenses, not otherwise stated in this and welfare of you and your family and that you contend should be an additional dedu income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate paverage monthly expense for each item. Total the expenses.  Expense Description	form, tl	nat are required om your curren l figures should Monthly A	\$ If for the	-941.7	
	Part VI. ADDITIONAL EXPENSE CLAIMS  Other Expenses. List and describe any monthly expenses, not otherwise stated in this and welfare of you and your family and that you contend should be an additional dedu income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate paverage monthly expense for each item. Total the expenses.  Expense Description  a.	form, tl	nat are required om your curren I figures should Monthly A	\$ If for the	-941.71  e health  hly  ct your	
	Part VI. ADDITIONAL EXPENSE CLAIMS  Other Expenses. List and describe any monthly expenses, not otherwise stated in this and welfare of you and your family and that you contend should be an additional dedu income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate paverage monthly expense for each item. Total the expenses.  Expense Description  a.  b.	form, the ction from	nat are required om your curren I figures should Monthly A \$	\$ If for the	-941.7	
	Part VI. ADDITIONAL EXPENSE CLAIMS  Other Expenses. List and describe any monthly expenses, not otherwise stated in this and welfare of you and your family and that you contend should be an additional dedu income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate paverage monthly expense for each item. Total the expenses.  Expense Description  a.  b.  c.	form, the ction from	nat are required om your curren I figures should Monthly A \$ \$	\$ If for the	-941.7	
	Part VI. ADDITIONAL EXPENSE CLAIMS  Other Expenses. List and describe any monthly expenses, not otherwise stated in this and welfare of you and your family and that you contend should be an additional dedu income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate paverage monthly expense for each item. Total the expenses.  Expense Description  a.  b.  c.  Total: Add Lines a, b.	form, the ction from the coage. Also and c	mat are required om your curren I figures should Monthly A \$ \$ \$	\$ and for the thing the thing the thing the things are the things and the things are the things	-941.71  e health  chly  ct your	
	Part VI. ADDITIONAL EXPENSE CLAIMS  Other Expenses. List and describe any monthly expenses, not otherwise stated in this and welfare of you and your family and that you contend should be an additional dedu income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate paverage monthly expense for each item. Total the expenses.  Expense Description  a.  b.  c.  Part VII. VERIFICATION  I declare under penalty of perjury that the information provided in this statement is true.	form, the ction from the case. Also and c	mat are required om your curren I figures should Monthly A \$ \$ \$	\$ and for the thing the thing the thing the things are the things and the things are the things	-941.71  e health  chly  ct your	

Case 10-50226 Doc 23 Filed 06/03/10 Entered 06/03/10 15:46:24 Desc Main Document Page 9 of 13

B6A (Official Form 6A) (12/07)

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IN RE Dang, Wayne A. & Dang, Alana J.

Case No. 10-50226

Debtor(s) (If known)

### AMENDED SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

		•	•	city Claimed as Exempt.
DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Residence: Interest as Tenants by the Entirety in Improved Real Estate Located at 504 Page St. Berryville VA 22611 Assessed Value: \$350,700 Purchased December 5, 2005 for \$577,965 Value Determined by Comparison to Actual Sales of Same Home Models on Same Street		J	264,958.00	588,205.67
Timeshare	Joint Tenant With Right of Survivorship	J	10,668.00	10,668.00

TOTAL

275,626.00

(Report also on Summary of Schedules)

Case 10-50226 Doc 23 Filed 06/03/10 Entered 06/03/10 15:46:24 Desc Main Document Page 10 of 13

B6D (Official Form 6D) (12/07)

IN RE Dang, Wayne A. & Dang, Alana J.

Debtor(s)

Case No. 10-50226

(If known)

### AMENDED SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 116456XXXX		J	First Mortgage.				407,952.67	142,994.67
BAC Home Loans Servicing, LP Customer Service PO Box 5170 Simi Valley, CA 93062			Line of credit obtained on 12/2005					
			VALUE \$ 264,958.00	L				
ACCOUNT NO. <b>6301001666XXXX</b>		J	03/19/08 - 2008 Smart Passion Hatchback				5,085.36	
Bank Of America P.O. Box 15220 Wilmington, DE 19886								
			VALUE \$ 12,975.00					
ACCOUNT NO. 500365XXXX  Citimortgage, Inc. P.O. Box 183040 Columbus, OH 43218		J	2nd DOT for residence at 504 Page Street, Berryville VA 22611 Line of credit obtained on: 12/05				180,253.00	180,253.00
			VALUE \$ 264,958.00	1	Ī			
ACCOUNT NO. A580XXXX		J	Debt first obtained on: 09/2005				10,668.00	
Resort Funding LLC 360 S. Warren St. 6th Floor Syracuse, NY 13202			Time Share					
			VALUE \$ 10,668.00					
<b>0</b> continuation sheets attached			(Total of the	is p	-	e)	\$ 603,959.03	\$ 323,247.67
			(Use only on la		Tota page		\$ 603,959.03	\$ 323,247.67

(Report also on Summary of Schedules.) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.) Case 10-50226 Doc 23 Filed 06/03/10 Entered 06/03/10 15:46:24 Desc Main Page 11 of 13 Document

B6I (Official Form 6I) (12/07)

Debtor's Marital Status

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IN RE Dang, Wayne A. & Dang, Alana J.

Case No. 10-50226

(If known)

### AMENDED SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

Debtor(s)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

DEPENDENTS OF DEBTOR AND SPOUSE

1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly) 2. Estimated monthly overtime 3. SUBTOTAL 3. SUBTOTAL 4. LESS PAYROLL DEDUCTIONS 4. PAYROLL DEDUCTIONS 5. PAYROLL DEDUCTIONS 6. TOTAL OF PAYROLL DEDUCTIONS 7. Regular income from operation of business or profession or farm (attach detailed statement) 8. Income from real property 9. Interest and dividends 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above 11. Social Security or other government assistance (Specify) 12. Pension or retirement income 13. Other monthly income (Specify) 14. SUBTOTAL OF LINES 7 THROUGH 13 15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)  15. COMBINED AVERAGE MONTHLY INCOME (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)  15. SUBTOTAL OF LINES 7 THROUGH 16 (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	Married		RELATIONSHIP(S): Son Son				AGE(S 13 11	(i):
Name of Employer   How long employed Address of Employer   Sob Huntmar Park Dr. Ste 250   Herndon, VA 20170   2 years   22894 Pacific Blvd.   Dulles, VA 20166	EMPLOYMENT:		DEBTOR			SPOUSE		
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly) 2. Estimated monthly overtime 3. SUBTOTAL 3. SUBTOTAL 4. LESS PAYROLL DEDUCTIONS a. Payroll taxes and Social Security 5. Insurance c. Union dues d. Other (specify) 6. TOTAL OF PAYROLL DEDUCTIONS 5. SUBTOTAL OF PAYROLL DEDUCTIONS 6. TOTAL NET MONTHLY TAKE HOME PAY 7. Regular income from operation of business or profession or farm (attach detailed statement) 8. Income from real property 9. Increst and dividends 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above 11. Social Security or other government assistance (Specify) 12. Pension or retirement income 13. Other monthly income (Specify) 14. SUBTOTAL OF LINES 7 THROUGH 13 15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)  15. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	Name of Employer How long employed	Institute For E 4 months 505 Huntmar	Building Technology And Sa Park Dr. Ste 250	National Electro 12 years 22894 Pacific B	Accountant National Electronics Warranty Cor 12 years 22894 Pacific Blvd.			
2. Estimated monthly overtime	INCOME: (Estima	te of average or	projected monthly income at time of	case filed)		DEBTOR		SPOUSE
S. SUBTOTAL   S.   S.   S.   S.   S.   S.   S.   S			ary, and commissions (prorate if no	t paid monthly)	\$	4,166.66	\$	4,599.00
4. LESS PAYROLL DEDUCTIONS a. Payroll taxes and Social Security b. Insurance c. Union dues d. Other (specify) See Schedule Attached 5. SUBTOTAL OF PAYROLL DEDUCTIONS 5. SUBTOTAL OF PAYROLL DEDUCTIONS 6. TOTAL NET MONTHLY TAKE HOME PAY 7. Regular income from operation of business or profession or farm (attach detailed statement) 8. Income from real property 9. Interest and dividends 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above 11. Social Security or other government assistance (Specify) 12. Pension or retirement income 13. Other monthly income (Specify) 14. SUBTOTAL OF LINES 7 THROUGH 13 15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)  15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)  16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	2. Estimated month	ly overtime			\$		\$	
a. Payroll taxes and Social Security b. Insurance c. Union dues d. Other (specify) See Schedule Attached S. 701.69 C. TOTAL OF PAYROLL DEDUCTIONS S. 2,168.69 S. 2,168.69 S. 2,168.69 S. 2,168.69 S. 1,997.97 S. Regular income from operation of business or profession or farm (attach detailed statement) S. Income from real property S. Interest and dividends S. Int	3. SUBTOTAL				\$	4,166.66	\$	4,599.00
d. Other (specify) See Schedule Attached \$ 701.69 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	a. Payroll taxes ar				\$ \$	1,467.00	\$	
5. SUBTOTAL OF PAYROLL DEDUCTIONS 6. TOTAL NET MONTHLY TAKE HOME PAY 7. Regular income from operation of business or profession or farm (attach detailed statement) 8. Income from real property 9. Interest and dividends 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above 11. Social Security or other government assistance (Specify) 5. S 12. Pension or retirement income 13. Other monthly income (Specify) 5. S 14. SUBTOTAL OF LINES 7 THROUGH 13 15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)  16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)  \$ \$ \$, \$ \$, \$ \$, \$ \$, \$ \$, \$ \$, \$ \$,	c. Union dues				\$		\$	
6. TOTAL NET MONTHLY TAKE HOME PAY  7. Regular income from operation of business or profession or farm (attach detailed statement) 8. Income from real property 9. Interest and dividends 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above 11. Social Security or other government assistance (Specify)  S  12. Pension or retirement income 13. Other monthly income (Specify)  S  S  14. SUBTOTAL OF LINES 7 THROUGH 13 15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)  16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)  \$   1,997.97   4,595	d. Other (specify)	See Schedul	e Attached		\$	701.69	\$	
6. TOTAL NET MONTHLY TAKE HOME PAY  7. Regular income from operation of business or profession or farm (attach detailed statement) 8. Income from real property 9. Interest and dividends 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above 11. Social Security or other government assistance (Specify)  S  12. Pension or retirement income 13. Other monthly income (Specify)  S  S  14. SUBTOTAL OF LINES 7 THROUGH 13 15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)  16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)  \$   1,997.97   4,595					<u>\$</u>		<u>\$</u>	
7. Regular income from operation of business or profession or farm (attach detailed statement)  8. Income from real property  9. Interest and dividends  10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above  11. Social Security or other government assistance  (Specify)  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	5. SUBTOTAL OF	PAYROLL D	EDUCTIONS		\$	2,168.69	\$	0.00
8. Income from real property 9. Interest and dividends 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above 11. Social Security or other government assistance (Specify)  S  12. Pension or retirement income 13. Other monthly income (Specify)  S  S  14. SUBTOTAL OF LINES 7 THROUGH 13 15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)  16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$	6. TOTAL NET M	ONTHLY TA	KE HOME PAY		\$	1,997.97	\$	4,599.00
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	8. Income from real	property	f business or profession or farm (at	tach detailed statement)			\$ \$	
(Specify) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	10. Alimony, mainte that of dependents l	enance or suppo isted above		or the debtor's use or	\$		\$	
13. Other monthly income (Specify)  \$ \$ \$ \$  14. SUBTOTAL OF LINES 7 THROUGH 13  15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)  16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)  \$ 6,596.97					\$		\$	
13. Other monthly income (Specify)  \$ \$ \$ \$  14. SUBTOTAL OF LINES 7 THROUGH 13  15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)  16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)  \$ 6,596.97	10 D				\$		\$	
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	13. Other monthly i	ncome			\$ —		\$	
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)  \$\frac{1,997.97}{\$} \\$ \frac{4,59}{\$}\$  16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)  \$\frac{6,596.97}{\$}\$	(Specify)				\$ —		\$ —— \$	
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)  \$\frac{1,997.97}{\$} \\$ \frac{4,59}{\$}\$  16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)  \$\frac{6,596.97}{\$}\$					\$		\$	
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)  \$ 6,596.97	14. SUBTOTAL O	F LINES 7 TH	ROUGH 13		\$		\$	
if there is only one debtor repeat total reported on line 15)  \$	15. AVERAGE MO	ONTHLY INC	OME (Add amounts shown on lines	s 6 and 14)	\$	1,997.97	\$	4,599.00
(Report also on Summary of Schedules and, if applicable				umn totals from line 15;				

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: None

Case 10-50226 Doc 23 Filed 06/03/10 Entered 06/03/10 15:46:24 Desc Main Document Page 12 of 13

IN RE Dang, Wayne A. & Dang, Alana J.

\_\_ Case No. <u>10-50226</u>

**SPOUSE** 

Debtor(s)

AMENDED SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

Continuation Sheet - Page 1 of 1

DEBTOR
Other Payroll Deductions:

FSA HCA
401 K Loan
401K
401K
229.86
Misc
5.37

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Doc 23 Filed 06/03/10 Entered 06/03/10 15:46:24 Desc Main Page 13 of 13 Document

B6J (Official Form 6J) (12/07)

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IN	$\mathbf{RE}$	Dang,	Wayne	A. &	Dang,	Alana J.
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Case No. 10-50226

Debtor(s) (If known)

# AMENDED SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly,
quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed
on Form22A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	3,108.98
a. Are real estate taxes included? Yes ✓ No		
b. Is property insurance included? Yes No		
2. Utilities:		
a. Electricity and heating fuel	\$	296.00
b. Water and sewer	\$	89.00
c. Telephone	\$	157.00
d. Other <b>HOA</b>	\$	29.00
3. Home maintenance (repairs and upkeep)	\$	15.00
4. Food	\$	752.00
5. Clothing	\$	150.00
6. Laundry and dry cleaning	\$	30.00
7. Medical and dental expenses	\$	240.00
8. Transportation (not including car payments)	\$	300.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	85.00
10. Charitable contributions	\$	40.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	
b. Life	\$	35.00
c. Health	\$	
d. Auto	\$	214.00
e. Other	\$	
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) Personal Property Tax	\$	100.00
(4Fy) =	<u>*</u>	
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	_ · _	
a. Auto	\$	210.00
b. Other	\$	
	<u>\$</u>	
14. Alimony, maintenance, and support paid to others	<u>\$</u>	
15. Payments for support of additional dependents not living at your home	\$	
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	
17. Other Toll Road	\$	30.00
Oil Changes Every Other Month	s	100.00
	\$	
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if		
applicable, on the Statistical Summary of Certain Liabilities and Related Data.	\$	5,980.98

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document: None

## 20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$ 6,596.97
b. Average monthly expenses from Line 18 above	\$ 5,980.98
c. Monthly net income (a. minus b.)	\$ 615.99